

Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
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DATE: February 1, 2002

RE: Educators' Evaluation of Children's Services Programs

The attached pages provide an overview of the results of the third in a series of consumer and stakeholder surveys regarding the performance of community mental health Children's Services Programs in Vermont. This survey asked school principals and supervisory union special education administrators to evaluate the services provided by their local community mental health programs.

This document describes the study, summarizes the results on the regional and statewide level, and provides a detailed, item-by-item, accounting for each region of the state. In addition, the results of this survey are compared to the results of previous surveys of child protection (SRS) workers and adolescent service recipients.

Copies of detailed technical reports on these three surveys are available at the DDMHS web sit (Educators: www.state.vt.us/dmh/Data/01edtechnicalreport.pdf, SRS: www.state.vt.us/dmh/Data/00srstechnicalreport.pdf, Children's: www.state.vt.us/dmh/Data/99kidstechnicalreport.pdf). If you have questions or comments, please contact Alice Maynard (DDMHS Child, Adolescent and Family Unit: 241-2609; amaynard@ddmhs.state.vt.us) or Janet Bramley (Performance Indicator Project; 241-2659; jbramley@ddmhs.state.vt.us).

PROJECT OVERVIEW AND SUMMARY OF RESULTS

An Evaluation of Child and Adolescent Mental Health Programs by Elementary through High School Educators In Vermont In Spring 2001

During the Spring of 2001, the Child and Family Unit of the Vermont Department of Developmental and Mental Health Services asked educators at all schools and school districts in Vermont to evaluate the child and adolescent mental health program in their local Community Mental Health Centers (CMHCs). All school principals and supervisory union special education administrators in Vermont were sent surveys that asked for their opinion of various aspects of these services. Courtesy copies were also sent to supervisory union superintendents.

In total, 428 (70%) of the potential pool of 610 surveys were returned (Table 1). Out of these, 64 respondents indicated that they were unable to participate in the evaluation since they did not have any children in their schools receiving services from their local CMHC. This left 364 (60%) useable surveys for the analysis reported here. In some instances, the survey recipients delegated responsibility for completing the survey to other school personnel (e.g. counselors) who work more closely with troubled youth. See Table 2 for a profile of respondents.

The Vermont Survey of Educators was designed to provide information that would help stakeholders to compare the performance of child and adolescent mental health programs provided by CMHCs in Vermont. The survey instrument was developed based on the 1999 Youth Survey and 2000 SRS Case Workers' Survey to facilitate cross informant comparisons and modified to address human service issues in consultation with Vermont stakeholders. (See Appendix II).

Methodology

The surveys consisted of twenty-three fixed alternative items and four open-ended questions. In order to facilitate comparison of Vermont's ten child and adolescent mental health programs, the educators' responses to twenty-two of the fixed alternative items were combined into four composite scales. These scales focus on positive **overall** educator evaluation of program performance, and positive evaluation of program performance with regard to **staff**, **service quality**, and **outcomes**. Measures of statistical significance were adjusted to account for the proportion of all potential individuals who responded to the survey. (For details of scale construction and adjustment, see Appendix IV.) Reports of significance are at the 95% confidence level ($p > .05$). The percentages of educators making positive and negative narrative comments in response to the open-ended questions are noted in this report. A more detailed analysis of the content of the comments is planned to be issued in a separate report.

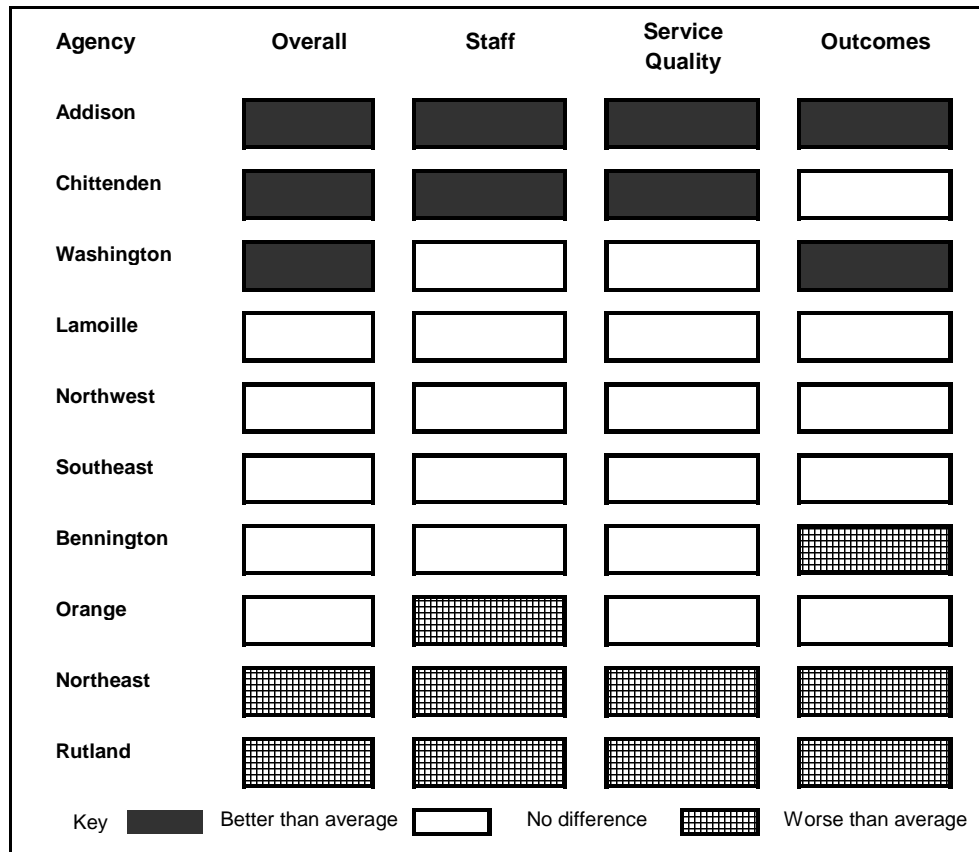
Overall Results

Overall statewide results are summarized in Figure 2. On the *overall* measure of program performance, 46% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. Fixed alternative items related to *staff*, for instance, received significantly more favorable responses (62% favorable) than items related to *service quality* (41% favorable) or *outcomes* (27% favorable).

Overview of Differences Among Programs

In order to compare educators' evaluations of child and adolescent mental health programs in the ten CMHCs, the ratings of individual programs on each of four composite scales were compared to the statewide median for each scale. The results of this survey (see Figure 1) indicate that there were significant differences in evaluations of the state's ten child and adolescent community mental health programs.

Figure1. Positive Evaluation of Child and Adolescent Mental Health Programs By Educators in Vermont



The child and adolescent mental health program in Addison County received the most favorable assessment, with scores better than the statewide median on all four scales. The program in Chittenden County was rated better than the statewide median on three scales, and the program in Washington better on two scales. The programs in Lamoille, the Northwest and Southeast regions were rated no differently than the statewide median. The child and adolescent mental health programs in Bennington and Orange County were rated lower than the statewide median on one scale. The programs in the Northwest region and Rutland County received the least favorable assessments with scores lower than the statewide median on all four scales.

The results of this evaluation of child and adolescent mental health programs in Vermont need to be considered in conjunction with other measures of program performance in order to obtain a balanced picture of the quality of care provided to young people with mental health needs in Vermont.

STATEWIDE RESULTS

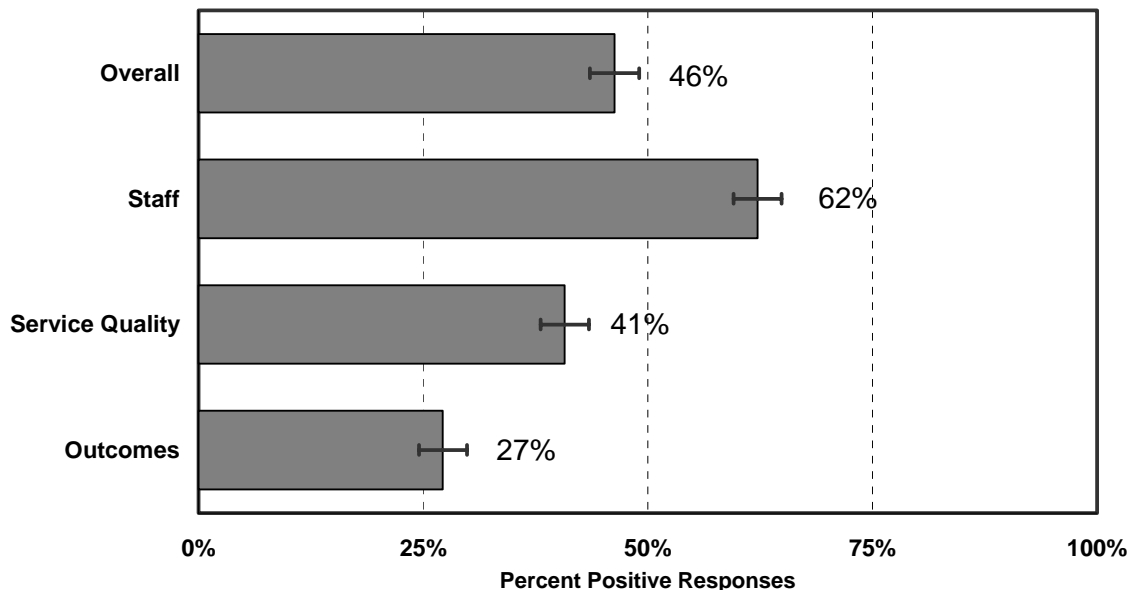
The educators evaluating child and adolescent mental health programs at different CMHCs in Vermont had widely differing opinions of their local programs. (Table 3 provides an item-by-item summary of positive responses to the fixed alternative questions.)

The individual items receiving the most positive ratings generally related to staff at the child and adolescent mental health programs. The items with the highest ratings were: "We like the staff who work with us" (80%); "The services <CMHC Name> provides are helpful" (76%); "We feel respected by the staff" (74%); and "Staff work effectively with young people" (72%).

The least favorably rated items related to the volume of service provided and outcomes for the young people. Only 25% of the educators felt that their local community mental health center "...provides the amount of services needed by the children and families in this region". They also gave lower ratings to most of the items relating to outcomes. Few saw improvements in the school outcomes of achievement (25%), attendance (31%) and behavior (35%). Similarly low ratings were given to the items relating to improvements in their students' coping with stress (30%) or personal relationships (33%).

There were significant differences in educators' ratings of child and adolescent mental health programs on the four scales derived from responses to the Vermont survey. Forty six percent of the respondents rated programs favorably on the *overall* scale, and the *staff* scale received significantly more favorable responses (62% favorable) than the *service quality* and *outcomes* scales (41% and 27% favorable).

Figure 2. Positive Evaluation of Child and Adolescent Mental Health Programs by Educators in Vermont ¹



¹ Responses to items on the *Staff* and *Service Quality* scales were coded as positive if the educator agreed or strongly agreed with the statement. Responses to items on the *Outcomes* scales were coded as positive if the educator felt that more than half of their students served by mental health had improved as a result of mental health services. All items coded as above contributed to the *Overall* scale.

Table 1
Educators' Survey 2001: Response Rates by Program

Region/Provider ³	Number				Response Rate	
	Mailed	Returned ¹	No Response	Useable Surveys ²	Returned ¹	Analyzed ²
Statewide	610	428	182	364	70%	60%
Addison -CSAC	40	31	9	29	78%	73%
Bennington -UCS	36	22	14	15	61%	42%
Chittenden -HCHS	108	65	43	50	60%	46%
Lamoille -LCMHS	23	17	6	15	74%	65%
Northeast -NEK	77	60	17	55	78%	71%
Northwest -NCSS	42	35	7	30	83%	71%
Orange -CMC	48	38	10	30	79%	63%
Rutland -RMHS	56	38	18	35	68%	63%
Southeast -HCRSSV	120	80	40	68	67%	57%
Washington -WCMHS	60	42	18	37	70%	62%

¹ All responses to survey including those who reported no direct contact between their school and the local CMHC.

² Questionnaires that had been completed and used for analysis.

³ Appendix 6 gives the full name and location of each of the ten designated CMHCs.

Table 2
Educators' Survey 2001: Respondent Profile

Educator Characteristics		Number	% of Respondents
Gender	Male	126	35%
	Female	175	48%
	Unreported	63	17%
Age	45 or Less	91	25%
	46-50	83	23%
	Over 50	119	33%
	Unreported	71	20%
Experience	1-15 years	94	26%
	16-25 years	89	24%
	Over 25 years	127	35%
	Unreported	54	15%
Education	Bachelors or less	40	11%
	Masters	199	55%
	M.A+/Ph.D	85	23%
	Unreported	40	11%
Educator Role*	Administration	189	52%
	Counseling	89	24%
	Special Education	64	18%
	Other	9	2%
	Unreported	13	4%

* Administration includes School Principals, Assistant Principals and Administrators.

Counseling includes all mental health and guidance roles.

Special Education includes both Special Education Administrators and Special Education Teachers

Table 3

Educators' Survey 2001:

Positive Responses to Individual Fixed Alternative Questions by Program

State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
<i>We like the staff who work with us</i>										
80%	81%	100%	98%	80%	72%	83%	67%	60%	77%	86%
<i>The services <CMHC name> provides are helpful</i>										
76%	79%	79%	100%	73%	62%	73%	68%	52%	75%	89%
<i>We feel respected by the staff</i>										
74%	85%	80%	92%	64%	59%	83%	63%	53%	77%	77%
<i>Staff work effectively with young people</i>										
72%	81%	73%	96%	80%	55%	77%	56%	43%	73%	86%
<i>The staff listen to what we have to say</i>										
69%	81%	80%	86%	73%	51%	73%	52%	48%	73%	73%
<i>I would recommend this mental health center to other professionals for their students</i>										
67%	83%	69%	96%	67%	48%	73%	61%	31%	68%	75%
<i><CMHC name> is committed to providing quality services</i>										
66%	89%	86%	90%	73%	48%	67%	54%	38%	64%	73%
<i>The clinical staff is adequately trained, and supervised</i>										
63%	71%	73%	88%	67%	38%	55%	52%	29%	71%	76%
<i>As a result of these services, how many of your students have improved daily life</i>										
62%	70%	80%	74%	55%	49%	65%	43%	40%	60%	83%
<i>The staff effectively use the strengths of the child, family, and community</i>										
60%	71%	60%	84%	60%	46%	66%	50%	31%	61%	64%
<i><CMHC name> offers the type of mental health services needed by the children and families with whom we work</i>										
60%	66%	73%	80%	60%	38%	60%	65%	40%	55%	74%
<i>The staff will "go the extra mile" to help children and their families</i>										
60%	71%	80%	86%	60%	49%	55%	50%	28%	58%	59%
<i>The staff know how to work with the education system</i>										
58%	75%	50%	76%	67%	51%	63%	46%	22%	60%	62%
<i>The staff communicate clearly and effectively with other involved service providers</i>										
58%	64%	80%	77%	53%	38%	70%	48%	22%	68%	56%
<i>As a result of these services, how many of your students have improved family life</i>										
56%	76%	50%	67%	55%	40%	52%	36%	38%	59%	76%
<i>The staff ask what we need</i>										
55%	70%	67%	73%	60%	50%	67%	41%	13%	57%	52%
<i>As a result of these services, how many of your students have improved behavior in school</i>										
35%	57%	10%	35%	33%	17%	36%	24%	8%	43%	67%
<i>As a result of these services, how many of your students have better relationships with friends and other people</i>										
33%	52%	0%	37%	38%	16%	28%	35%	12%	39%	63%
<i>As a result of these services, how many of your students have improved school attendance</i>										
31%	45%	10%	41%	38%	17%	33%	20%	20%	23%	57%
<i>As a result of these services, how many of your students are handling stressful situations better</i>										
30%	41%	18%	38%	33%	17%	27%	41%	4%	33%	52%
<i>As a result of these services, how many of your students have improved achievement in school</i>										
25%	29%	22%	33%	33%	15%	25%	25%	4%	21%	50%
<i><CMHC name> provides the amount of services needed by the children and families in this region.</i>										
25%	21%	40%	33%	33%	8%	27%	36%	3%	30%	38%
<i>Average</i>										
56%	65%	63%	73%	60%	41%	59%	48%	27%	58%	69%

Figure 3. Comparative Evaluation of Child and Adolescent Mental Health Programs

